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Promotion and protection of the rights of children: follow-up to the outcome of the special session on children

Follow-up to the special session of the General Assembly on children

Report of the Secretary-General

Summary

The present report assesses the steps taken in 2012 to achieve a world fit for children, highlighting the gaps in achievement as well as the strategic shifts necessary to meet the unmet goals.

The present report has been prepared in response to General Assembly resolutions S-27/2 of the twenty-seventh special session in 2002, 58/282 and 61/272, in which the Assembly requested the Secretary-General to report regularly on progress made in the implementation of the Declaration and Plan of Action included in the annex to resolution S-27/2, entitled "A world fit for children".

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I. Introduction

1. At the historic special session of the General Assembly on children in 2002, delegations from 190 countries adopted the Declaration and Plan of Action entitled "A world fit for children" (resolution S-27/2, annex). It committed Governments to a time-bound set of goals for children and young people, with a particular focus on: (a) promoting healthy lives; (b) providing quality education; (c) protecting children against abuse, exploitation and violence; and (d) combating HIV/AIDS. The present report is the eleventh update of progress made in follow-up to the special session of the Assembly on children.

2. A commemorative plenary meeting on the commitments made in "A world fit for children" was held in 2007 to review the outcome and progress made in implementing the Declaration and Plan of Action. At the High-level Plenary Meeting of the General Assembly on the Millennium Development Goals in 2010, Member States further committed to accelerating progress towards achievement of the Goals by adopting resolution 65/1, "Keeping the promise: united to achieve the Millennium Development Goals".

3. Those commitments and the efforts supported by Member States are showing real results, yet the progress is uneven and much work remains to be done. Globally, child survival rates continue to improve. Some 40 per cent of child deaths occur during the first month of life; however, deaths of young children reached an all-time low in 2011, at an estimated 6.9 million. Recent research has underscored the irreversible harm to physical and cognitive development caused by stunting in early childhood, and about one in four children under 5 years old are stunted. Maternal mortality has declined dramatically, from 543,000 deaths per year in 1990 to 287,000 in 2010, but faster progress is needed. Between 1990 and 2008 an estimated 1.77 billion people gained access to improved sources of drinking water, yet in 2011, 768 million people still lacked access to improved water sources. The sanitation target in the Millennium Development Goals is unlikely to be met, as some 2.5 billion people do not have access to improved sanitation. Among them, 1.1 billion people continue to practise open defecation. Though the number of children out of school fell to 57 million by 2011, from a high of 102 million in 2000, it is estimated that globally 120 million children of primary school age, out of a total of 650 million, do not reach grade 4. A further 130 million who are in school are failing to learn basic numeracy, literacy and life skills. Globally, 34 million people were living with HIV at the end of 2011, approximately 3.3 million of whom were children younger than 15.

4. Throughout 2012, the world faced challenges and heightened instability, including rapid political change in several countries of the Middle East and North Africa, a return of famine to the Horn of Africa and the persistent effects of the 2008 global financial crisis, including widespread underemployment and unemployment. The effects of those shocks on children were further compounded by cuts in health and education spending in some countries.

5. To ensure the realization of child rights, parents and children need to be informed about them. More needs to be done in the area of dissemination and information regarding the Convention on the Rights of the Child. For example, the Convention has not been translated into certain minority languages or sufficiently disseminated, which disproportionately hampers the awareness of rights and fundamental freedoms among children belonging to ethnic minority and indigenous groups.

II. Follow-up to the General Assembly special session on children

A. Planning for children

6. In 2012, the United Nations Children's Fund (UNICEF) supported the analysis of child poverty and disparities in 81 countries, was engaged in social budgeting in 64 countries, was involved in social protection in 104 countries and provided technical advice on migration issues in 35 countries. In addition, 103 country offices produced major thematic studies or analyses (aside from situation analyses), of which some 70 explicitly used a human rights framework and 55 applied a gender analysis framework. The number of posts related to economic and social policy expanded from fewer than a dozen in 2004 to 56 in 2012.

B. Promoting implementation of the Convention on the Rights of the Child

7. The results of the inter-agency study on violence against indigenous girls, adolescents and young women, undertaken by UNICEF, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the United Nations Population Fund (UNFPA), the International Labour Organization and the Office of the Special Representative of the Secretary-General on Violence against Children, were released during the twelfth session of the Permanent Forum on Indigenous Issues, in 2013. As planned, the initial findings of the study served as a technical contribution to the fifty-seventh session of the Commission on the Status of Women and will also be used as such for the International Conference on Population and Development Beyond 2014 review. The study, the first of its kind, has succeeded in bridging gaps in knowledge concerning gender-based violence faced by different categories of females and builds on the studies of the Secretary-General on violence against children and violence against women, conducted in 2006.

C. Collaborating with partners and leveraging resources for children

8. According to the latest statistics from the Organization for Economic Cooperation and Development, in 2012 the members of its Development Assistance Committee provided $125.6 billion in net official development assistance, representing 0.29 per cent of their combined gross national income. That fell far short of the United Nations target level of 0.70 per cent. In real terms, it represents a drop of 4.0 per cent compared to 2011 and of 6.0 per cent since 2010, the year official development assistance reached its peak. Excluding 2007, which saw the end of exceptional debt relief operations, the decrease in 2012 is the largest since 1997. It is also the first time since 1996-1997 that aid has fallen in two successive years. Several Governments continue to tighten their budgets, with direct impact on development aid. There is also a noticeable shift in aid allocations away from the poorest countries and towards middle-income countries.

9. Despite the current fiscal pressures, some countries have maintained or increased their development assistance budgets in order to reach the targets they

have set. Data for 2012 show that although total net official development assistance fell, aid for core bilateral projects and programmes (excluding debt relief grants and humanitarian aid) rose by 2.0 per cent in real terms; by contrast, core contributions to multilateral institutions fell by 7.1 per cent. Bilateral aid to sub-Saharan Africa was $26.2 billion, representing a fall of 7.9 per cent in real terms compared to 2011. Aid to countries on the African continent fell by 9.9 per cent to $28.9 billion, following exceptional support to some countries in North Africa after the Arab Spring in 2011. Bilateral net assistance to the group of least developed countries also fell by 12.8 per cent in real terms, to about $26.0 billion.

10. A growing number of private philanthropies, non-governmental organizations and private sector and global programmes are engaging in development and leveraging additional funding for children worldwide, including through innovative mechanisms.

11. Increased collaboration with donors has led to greater coordination and leveraging of resources for children in emergencies. New donors have also provided funding to improve the capacity for humanitarian response. New mechanisms incorporated into funding agreements, such as multi-year agreements and thematic agreements specific to the country programme cycle, have increased the flexibility and predictability of funding for programmes.

D. Monitoring progress

12. At the global level, monitoring of child outcomes has been continuously strengthened by support to the multiple indicator cluster surveys and demographic and health surveys. Nearly 240 multiple indicator cluster surveys have been undertaken in more than 100 countries, and 59 countries completed the fourth round of the surveys in 2012. There was also focus on preparation for the fifth round of multiple indicator cluster surveys, which is expected to occur in more than 60 countries from 2013 to 2015. The surveys will provide a unique source of statistically sound and internationally comparable estimates covering a range of indicators at national and subnational levels on child and maternal health, nutrition, education, child protection, water and sanitation, and HIV and AIDS. These data are critically important for the final Millennium Development Goal assessment and for setting a baseline for the post-2015 agenda. An innovative tool for equity analyses, the Multiple Overlapping Deprivation Analysis, has been developed to analyse child poverty and disparities in more than 50 countries, leading to more child-focused policies and processes.

13. Multi-country assessments of real-time monitoring initiatives have also been undertaken during the reporting period. The objective is to harness the potential of monitoring innovations to protect vulnerable children and achieve equity results as part of the Monitoring of Results for Equity System.

14. Efforts have also been made to better understand and carry out the effective real-time monitoring of vulnerable families and children. In Kosovo, real-time monitoring has shown that repatriated children — mostly belonging to the Roma, Ashkali and Egyptian populations — face a high risk of poverty and high levels of statelessness, while also suffering from mental health problems and lack of social support networks. In the East Asia and the Pacific region, real-time monitoring was carried out through sentinel site monitoring and field research undertaken for

children's equity atlases. In Cambodia, a child tracker bulletin was implemented to strengthen monitoring and reporting on the Convention on the Rights of the Child.

15. In partnership with various United Nations agencies, 11 data-driven sector reports were published in 2012. They covered such topics as pneumonia and diarrhoea, child mortality, water and sanitation, nutrition, violence and AIDS. Methodological development and cutting-edge research was conducted, focusing on key indicators, such as child mortality, disability and HIV and AIDS vulnerability. In many instances the work was conducted through Millennium Development Goal Inter-agency Monitoring Groups. Some of the reports were published in peer-reviewed journals such as the *Public Library of Science Medicine* collection on child mortality estimation. Capacity was developed in estimation methods covering issues such as immunization; HIV and AIDS; water, sanitation and hygiene; and child mortality at regional and country levels.

16. A new version of the DevInfo database tool — DevInfo 7 — was launched during 2012. The objective of the new version, which represents a radical departure from the past, is to increase the use of development data in DevInfo format. It improves access to and transparency of data for the more than 130 countries using DevInfo. Data are already available for 71 countries in a new global online DevInfo catalogue, and more countries are added regularly. A new and simplified user interface facilitates creating, viewing, sharing and embedding maps and other visual aids for data presentation. In addition, new computer-oriented tools facilitate the interchange of data and allow others to build applications using DevInfo data.

17. In 2012, an interactive "dashboard" was produced to aid exploration of child mortality and its causes, using animated maps and bubble charts to facilitate data interpretation and dissemination linked to A Promise Renewed (apromiserenewed.org). Support was also provided to national child survival scorecards as a tool for promoting accountability for improved child survival outcomes.

18. Improvements were also made to the ChildInfo statistical website (childinfo.org) to provide easier access to data. The website provides multiple indicator cluster survey reports and technical and methodological tools, overviews of trends and current status, databases on disparities, country statistical profiles and data-driven reports. Traffic to the site has more than doubled in the past two years, and further increases are expected following the launch of a revised version in 2013.

E. Participation and self-expression of children

19. The principle of respect for the views of the child has been legally recognized in a growing number of countries, and there are several examples of States supporting the involvement of children in the design and implementation of relevant laws and policies through consultations, seminars and workshops. In most countries, however, children's right to be heard has not yet been systematically integrated into the development of public policies and programmes.

20. Primary areas of concern remain, including insufficient clarity and limited practical application of legal provisions, including adequate safeguards and mechanisms for protecting the right of children to be heard free of discrimination, manipulation or intimidation. In some countries that disproportionately affects girls, younger children, children with disabilities and child victims of physical and sexual

abuse. There is also a concern that the special linguistic requirements of some children, including indigenous children, are not being adequately taken into account in judicial and administrative decision-making.

21. Increasingly the establishment of child and youth councils or parliaments, as well as student councils and boards, reflects the intention of States parties to strengthen children's participation in various levels of national, subnational and school governance. Some countries have institutionalized or scaled up initiatives related to establishing "child-friendly" districts, cities or municipalities, which include measures to promote children's participation in local governance.

22. There are growing examples of the establishment of child rights offices, units or centres within national human rights bodies and the creation of independent human rights institutions for children, such as ombudspersons for children. Children themselves make proportionally few complaints to child rights institutions, however, suggesting that more attention is needed to make such institutions sufficiently accessible to children. The Optional Protocol to the Convention on the Rights of the Child on a communications procedure, adopted and opened for signature and ratification by the General Assembly in resolution 66/138, establishes a complaints procedure for the violations of children's rights. It provides the opportunity for seeking redress for issues that have not been addressed at the national level.

III. Progress in the four major goal areas

A. Promoting healthy lives

23. Over the past 50 years, child mortality has dropped by about 70 per cent worldwide. In the past two decades alone child deaths have fallen dramatically, from 12.0 million in 1990 to an estimated 6.9 million in 2011. The rapid progress is largely due to high-impact interventions and tools for child survival, notably new vaccines and improved health-care practices.

24. Mortality is not being reduced uniformly, however, and reductions in deaths during the neonatal period lag behind survival gains among older children. As a result, the share of neonatal deaths in all deaths among children under age 5 has increased from 36 per cent in 1990 to 43 per cent in 2011. Faster reductions in neonatal mortality are critical to achieve Millennium Development Goal 4.

25. Since its launch at the World Health Assembly in 1988, the Global Polio Eradication Initiative has reduced the global incidence of polio by more than 99 per cent and the number of countries with endemic polio from 125 to 3. More than 10 million people are walking today who otherwise would have been paralysed.

26. In 2012, worldwide polio cases plunged 66 per cent from the previous year, to 223. Fewer children than ever were paralysed by polio in 2012, and in the fewest places ever. At the end of the year, endemic transmission remained only in Afghanistan, Nigeria and Pakistan. India, which only a few years ago had more polio cases than any other country in the world, was removed from the list of polio-endemic countries at the beginning of 2012 and has now experienced two years with no wild poliovirus transmission.

27. The tragic, targeted killings of health workers in late 2012 and early 2013 in Nigeria and Pakistan present a new threat to that progress. Governments and partners, however, have initiated a number of adjustments to improve safety in specific areas and to safeguard the continuity of campaigns.

28. According to estimates from the World Health Organization (WHO), 59,000 newborns died from neonatal tetanus in 2011, a 93 per cent reduction from the late 1980s. When a country reduces rates to less than 1 case per 1,000 live births per district, maternal and neonatal tetanus is considered eliminated. Six additional countries were validated as having eliminated the disease in 2012. Now 31 of the 59 priority countries have achieved the goal, leaving 28 countries that are deemed to be at greatest risk. In addition, 18 states in India, all of Ethiopia, parts of Somalia and 29 of 33 provinces in Indonesia have eliminated maternal and neonatal tetanus.

29. Measles is one of the leading causes of death among young children, and more than 95 per cent of deaths occur in low-income countries having weak health infrastructure. Since 2000, more than 1 billion children in high-risk countries were vaccinated against the disease through mass vaccination campaigns, about 225 million in 2011 alone. Global measles deaths have decreased by 71 per cent since 2000, from an estimated 548,000 to 158,000.

30. Partnering with the American Red Cross, the United States Centers for Disease Control and Prevention, the United Nations Foundation and WHO, UNICEF spearheaded the Measles and Rubella Initiative to set the world on course for the global elimination of these preventable diseases. In 2012, the Initiative began combining measles with rubella control and elimination. It works with countries to provide technical and financial support to improve routine immunization, conduct successful measles and rubella campaigns and strengthen surveillance and laboratory networks.

31. Following the call in 2008 by the Secretary-General for universal access to malaria interventions, distribution of life-saving commodities was rapidly expanded in sub-Saharan Africa, the region with the highest burden of malaria. During the past decade, an estimated 1.1 million malaria deaths were averted, primarily as a result of scaling up malaria interventions.

32. Fifty countries are on track to reduce their malaria case incidence rates by 75 per cent, in line with the World Health Assembly and Roll Back Malaria programme targets for 2015. Those 50 countries, however, account for only 3 per cent (7 million) of the total estimated malaria cases worldwide. International targets for malaria will not be attained unless considerable progress is made in the 14 countries with the highest burden, which account for an estimated 80 per cent of malaria deaths. In 2012, UNICEF continued its crucial role as one of the world's largest procurers of insecticide-treated mosquito nets.

33. The Global Strategy for Women's and Children's Health of the Secretary-General notes the inequitable access to life-saving medicines and health supplies encountered by women and children around the world. It calls on the global community to work together to save 16 million lives by 2015. The United Nations Commission on Life-saving Commodities for Women and Children, launched in March 2012, is addressing the challenges outlined in the Global Strategy, focused on saving lives through improving equitable access to life-saving commodities. As part of the "Every woman, every child" movement, the Commission presented a report to

the Deputy Secretary-General in September 2012 with 10 clear recommendations to support access to selected commodities. The Commission also endorsed an implementation plan to provide life-saving commodities to women and children. It breaks down the 10 recommendations for the 13 commodities and provides cross-cutting and commodity-specific actions.

34. Though the number of underweight children fell by 36 per cent in 2011, from an estimated 159 million children in 1990, an estimated 101 million children under age 5 are underweight globally. Globally, 26 per cent of children under 5 are stunted, and an estimated 80 per cent of the world's 165 million stunted children live in just 14 countries.

35. To support nationally driven processes to reduce stunting and other forms of malnutrition, the global nutrition community is uniting around the Scaling Up Nutrition movement. The movement unites Governments, civil society, businesses and citizens in a worldwide effort to end undernutrition. Since it was launched in 2010, 41 countries have joined. Each is working to increase people's access to affordable, nutritious food and other determinants of nutritional status, such as clean water, sanitation, health care, social protection and initiatives to empower women. Most countries have established mechanisms to reduce undernutrition, and many are scaling up programmes with demonstrable results. The countries aim to collectively meet the global targets agreed at the World Health Assembly, held in 2012, including a 40 per cent reduction in the number of stunted children by 2025. The main focus of the interventions is the 1,000 days between pregnancy and the child's second birthday.

36. The United Nations Systems Network for the Scaling Up Nutrition movement is led by the Standing Committee on Nutrition and the REACH Initiative. The United Nations System Network brings together the global-level United Nations normative platform for policy and technical harmonization with country-level coordination in support of national nutrition plans and joint United Nations efforts. Formed in 2012, the group is made up of high-level leaders representing the array of partners engaged in the Scaling Up Nutrition movement: Governments, civil society, international organizations, donor agencies, businesses and foundations. The members are appointed by the Secretary-General and are collectively responsible for the functioning of the movement.

37. UNICEF and partners continued to actively promote the fortification of wheat flour with folic acid, which helps prevent birth defects, and with iron, which improves iron status among women of childbearing age. As at December 2012, 75 countries, representing about 2 billion people, mandated the fortification of wheat flour. That constitutes more than a doubling of countries, from 33 to 75, since 2004. The amount of flour currently fortified represents about 30 per cent of the global production of wheat flour from industrial mills.

38. According to the most recent available information, 75 per cent of children aged 6 to 59 months in developing countries are fully protected with two life-saving doses of vitamin A. Of 55 countries with data in 2011, 31 had reached the 80 per cent target of full coverage of vitamin A supplementation. Notably, coverage exceeded 80 per cent in the least developed countries, indicating sustained ability to reach the most vulnerable populations.

39. The issue of maternal health is tied to the issue of equity. Globally, maternal mortality continues to fall. The global average of 210 deaths per 100,000 live births in 2010 is still too high, however, and maternal mortality rates in underserved areas, among disadvantaged populations and in the poorest countries continue to far outpace that average. Access to skilled birth attendance continued to rise in 2012, when measured globally, to 67 per cent, up from 60 per cent in 2000. Similarly, the percentage of women delivering their babies in health facilities rose from 48 per cent in 2000 to 60 per cent in 2012. Bringing the issue of equity into focus, deep disadvantages due to income, ethnicity, geographic location and education put some women at high risk of pregnancy-related death.

40. By the end of 2011, 89 per cent of the world's people used an improved drinking-water source, and 55 per cent enjoyed the convenience and associated health benefits of a piped supply on premises. Though more than 2.1 billion people have gained access to improved water sources since 1990, an estimated 768 million people did not use an improved source for drinking water in 2011. Urban drinking-water coverage has remained high over the past two decades, and currently only 4 per cent of the urban population relies on unimproved sources. In spite of high urban coverage rates, however, issues of service quality remain. Supplies are often intermittent, increasing contamination risks. By the end of 2011, 83 per cent of the population without access to an improved drinking-water source lived in rural areas.

41. Some countries are failing to increase access to improved drinking sources in line with population growth. Rapid urbanization presents challenges to raising access to improved drinking water. The proportion of the world's population living in urban areas increased from 43 per cent in 1990 to 53 per cent in 2012, raising the total urban population to 3.7 billion. Climate change is also leading to more water stress through extreme weather events and natural disasters. The combined effects of climate change are likely to provide significant challenges in advancing progress towards the Millennium Development Goal water target.

42. Sanitation coverage in 2011 was 64 per cent. Since 1990, almost 1.9 billion people have gained access to an improved sanitation facility. The world remains off track on the sanitation target of 75 per cent coverage, however, and if current trends continue the target will be missed by more than half a billion people. By the end of 2011, 2.5 billion people still did not use an improved sanitation facility. The number of people practising open defecation decreased to more than 1 billion, but that still represents 15 per cent of the global population, although that percentage is down from 24 per cent in 1990. Of those without sanitation, 71 per cent live in rural areas, where 90 per cent of all open defecation takes place.

43. New sanitation policies adopted in recent years throughout the developing world have shown remarkable success and have led to significant increases in sanitation coverage. In a number of countries, new approaches to sanitation have taken root and the number of declared "open-defecation-free villages" is rising.

44. In April 2012, the second high-level meeting of the Sanitation and Water for All global partnership convened by UNICEF and the World Bank brought together ministers responsible for finance, development cooperation, and water and sanitation with heads of the world's leading water and sanitation agencies. Ministers tabled more than 400 tangible country-specific commitments that, if honoured, will improve access to sustainable sanitation for more than 300 million people and to drinking water for more than 220 million.

45. Under the umbrella of "Committing to Child Survival: A Promise Renewed", the Governments of Ethiopia, India and the United States of America joined UNICEF to bring together a broad consortium of people, organizations and Governments committed to accelerating the end of preventable child deaths. The global movement is dedicated to providing technical assistance to countries to fund and implement programmes in support of child survival. Since June 2012, more than 170 Governments have signed a pledge vowing to make every possible effort to accelerate declines in preventable child deaths. More than 200 civil society organizations, 91 faith-based organizations and 290 faith leaders from 52 countries have signed their own pledges of support. Participating Governments are working to (a) sharpen and implement high-impact plans with measurable targets; (b) mobilize broad-based social and political support for the goal of ending preventable child deaths; and (c) monitor and report progress locally, nationally and globally, celebrating successes and reinforcing areas where progress lags.

46. Direct and targeted interventions in emergencies have provided nutrition assistance to tens of millions of children. It has included support for therapeutic feeding for 2.11 million children suffering from severe acute malnutrition. More than 18.80 million people gained access to water and 7.78 million to sanitation in humanitarian emergencies in 2012, an increase over 2011. An estimated 3.6 million children in emergency situations in more than 49 countries obtained access to formal education and other learning opportunities. In 2012, UNICEF supported vaccination against measles of more than 1.3 million children in the Syrian Arab Republic, and more than 263,000 people were provided with winter supplies, including medicines and non-food items. In neighbouring countries, approximately 180,000 affected people, roughly half of them in Jordan, were reached with education, water and sanitation, and child protection interventions. Across the Sahel region, treatment was provided for more than 920,000 children under 5 suffering from severe acute malnutrition. The children represented over 80 per cent of the target and 300,000 more than the number of children treated in 2011.

B. Providing quality education

47. Countries have made good progress on the Millennium Development Goals on education and gender (Goals 2 and 3) and the Education for All goals. More children than ever before are attending preschool, completing primary school and making the transition from primary to secondary school. Some of the most impressive gains since 2000 have been made by countries in South Asia and sub-Saharan Africa.

48. The adjusted primary net enrolment rate grew from 85 per cent in 2000 to 91 per cent in 2011. Over the same period, the number of children out of school worldwide declined by almost half, from 102 million to 57 million. Girls' enrolment in primary education has also been increasing at a faster rate than that of boys, helping to close the gender gap. The progress seen at the start of the decade has slowed considerably, however. Between 2008 and 2011, the number of out-of-school children of primary-school age fell by only 3 million, which means that, at the current rate, the world is unlikely to meet the target of universal primary education by 2015. The benefits of progress in reducing the number of children out of school has also failed to reach those living in conflict-affected countries; in 2011, half of all children out of school, the majority of them girls, were living in countries affected by conflict, compared to about 42 per cent in 2008.

49. Sub-Saharan Africa is home to more than half the world's out-of-school children. Between 2000 and 2011, the adjusted primary net enrolment rate increased from 60 per cent to 77 per cent in the region; however, the region continues to face a rising demand for education from a growing population. In 2011, there were 30 million more children of primary-school age in sub-Saharan Africa than in 2000. Considerable progress has also been made in South Asia, where the adjusted net primary enrolment rate increased from 78 per cent to 93 per cent between 2000 and 2011. More than half the reduction in the global number of children out of school can be attributed to that region, where the number of such children fell from a high of 38 million in 2000 to 12 million in 2011.

50. The World Bank estimates that only 19 of 212 countries will likely fail to meet the goal of universal primary education by 2015. As the deadline approaches, equity remains a crucial challenge, and opportunities for quality education for millions of children and adolescents are strongly influenced by such socioeconomic factors as poverty, sex, race, ethnicity, disability, age, language and location.

51. Factors that act as barriers to primary education are often amplified in secondary education, which, in many countries, is neither free nor compulsory. Analysis of household survey data reveals that the greatest disparities are found between the richest and poorest households, and between urban and rural areas, with girls primarily bearing the burden of educational disadvantage.

52. Globally, the number of children enrolled in preschool has risen steadily, by an estimated 46 per cent between 2000 and 2011. Yet the global reality is that more than half of children aged 3 to 6 do not have the benefit of some form of preschool or other early learning opportunity. Globally, the proportion of children aged 3 to 6 who are attending some form of organized learning varies from 1 per cent to 98 per cent. In most countries surveyed, access to organized early learning is less than 40 per cent. Access is particularly low in countries in sub-Saharan Africa, moderate in the countries of Central and Eastern Europe and high in the Caribbean and the East and South-East Asia Region.

53. Analysis of the issue in Bangladesh, Bhutan, Georgia, Morocco, Rwanda and Uganda — which have focused on early childhood development and organized learning, and are among the 27 countries engaged in the Monitoring of Results for Equity System — shows that the expansion of early childhood development services is hampered by problems such as lack of infrastructure and qualified caregivers, and high student-teacher ratios. Other issues are weak leadership, lack of data sufficient for designing and monitoring programmes, and inadequate budget allocations.

54. UNICEF continued to give priority and strong support to marginalized communities, using targeted interventions to help provide access to early learning and school readiness, quality primary schooling and alternative learning programmes for disadvantaged children and adolescents, especially girls. There have been cross-sectoral collaborations with and investments in sectors including child protection; water, sanitation and hygiene; nutrition; and health. The efforts have been well rewarded with direct benefits to marginalized communities and continue to yield concrete examples of what Governments and development partners can do to address the needs of marginalized populations. UNICEF also emphasized upstream support and advocacy for improving education policies and systems. That has enabled the organization to shift seamlessly to a more systemic, child-friendly education model in supporting countries while continuing to make use of its

downstream support for targeted interventions at school and community levels to help countries expand quality basic education in the most disadvantaged areas.

55. The school feeding programmes supported by the World Food Programme (WFP) encourage children to attend school, and take-home rations for girls have been particularly effective in supporting gender equality in school enrolment and attendance. Education mitigates the psychosocial impact of conflict and disasters by providing children with a sense of normalcy, stability, structure and hope for the future. Schools can provide a safe haven for children and help protect them against risks such as sexual or economic exploitation or recruitment into armed groups.

56. By providing food assistance to families affected by crises, WFP helps families strained by food insecurity to avoid adopting negative coping mechanisms that can have serious harmful consequences for their children. A key objective is to avoid having children taken out of school to support the family by working or having them sent ahead or left behind as the family separates in search of survival. Adolescent girls in particular are at risk of being married off early to ease the pressure on the family's resources. Food assistance can help keep families together and children in school.

57. Against that backdrop, during 2012 UNICEF took advantage of increased opportunities to play a leading role in key strategic partnerships to mobilize political support and resources to reach the most marginalized children. In the design and execution of sector plans funded by the Global Partnership for Education, UNICEF served as the coordinating agency for 26 countries, the managing entity for 8 countries and the supervising entity for 2 countries. Through those roles, countries were supported in integrating key elements of child rights, quality and equity into their national education sector plans. UNICEF has therefore been able to marshal its experience of working at the school and community levels, and to use that experience to advocate for the inclusion of equity principles, child rights, school quality and learning outcomes and emergency preparedness and response as priorities in national education sector plans.

C. Protecting against abuse, exploitation and violence

58. UNICEF engagement with the Rule of Law Coordination and Resource Group led to greater inclusion of children in rule-of-law discussions, as evidenced in the reports of the Secretary-General. Participation on the Interagency Panel on Juvenile Justice resulted in the development of the Ten-Point Plan for Fair and Effective Criminal Justice for Children. The conference entitled "A Better Way to Protect All Children", held in India in 2012, saw the validation of the systems approach by a wide range of actors across the sector. A high-level meeting with academics and practitioners in late 2012 advanced the child protection agenda with commitments to build a global case for investment in child protection.

59. At least 60 countries worked to improve children's access to protection and prevention services. Partners' capacities were strengthened in more than 98 countries, including the provision of social welfare services, alternative care, psychosocial support and caring for child survivors of sexual abuse in emergencies. That support led, for example, to the registration of more than 29.5 million births in 82 countries in 2012.

60. Eleven additional countries ratified the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography in 2012, which will promote social conventions, norms and values that protect children from harm. Seven new countries ratified the Optional Protocol on the involvement of children in armed conflict. Thirty countries engaged with religious communities to prevent violence against children, including advocacy for non-violent discipline and an end to child labour. Approximately 1,775 communities declared the abandonment of female genital mutilation and cutting, bringing the number of communities that have abandoned the practice to 10,000 since the start of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting in 2008. Through the global "Together for Girls" public-private partnership, the availability of data on violence against children is being or has been collected through surveys in 10 countries. In each of the countries a process has been initiated to develop and implement a programme and policy response to address the findings.

61. UNICEF advocacy contributed to General Assembly resolution 67/146 on intensifying global efforts for the elimination of female genital mutilations, the first United Nations resolution on that issue. Additional advocacy helped bring greater attention in global, regional and national forums to preventing and responding to violence, including the broad condemnation of violence against children as well as specific forms of abuse, notably child marriage.

62. To protect children from the immediate and long-term impact of armed conflict and humanitarian crises, engagement in emergencies occurred in more than 30 countries. Landmine action programmes were launched in 3 more countries in 2012, bringing the total to more than 20 countries globally. Fourteen action plans for employing the monitoring and reporting mechanism on grave violations of children's rights in situations of armed conflict are being implemented with parties to conflict in nine countries, including four new action plans negotiated in 2012. More than 1.4 million children took advantage of access to protective community spaces, learning spaces and psychosocial support services, and more than 5,300 children associated with armed forces or armed groups were released and reintegrated into their families and communities in nine countries.

63. As part of ongoing initiatives to reduce gender-based violence, UNICEF and UNFPA, on behalf of the Gender-based Violence Area of Responsibility forum, are working together to develop an information base on gender-based violence in humanitarian contexts, including providing links to needs assessments.

64. During 2012, UNICEF worked in at least 112 countries to advocate for better laws and policies. In Viet Nam, a comprehensive review of the legal framework led to the revision of laws regarding domestic violence, adoption, people with disabilities, human trafficking, health insurance, medical examination and treatment, and food safety and marketing, as well as the Labour Code. In Burundi, a child protection code and a new national child protection policy were developed. Evidence linking laws to the provision of services is demonstrated in Albania, with the opening of an additional 62 child protection units in towns and villages as part of the roll-out of the law on the protection of child rights passed in 2010.

65. Collaboration with partner countries continued to support development of strong legislative frameworks, policies and standards to combat child trafficking. During 2012, human trafficking laws were developed or passed in countries including Belize, Bolivia (Plurinational State of), Cambodia, Maldives and Papua

New Guinea. Trafficking in Maldives was recently recognized as an official problem, and in 2012 a parliamentary bill proposed a mandatory 15-year prison sentence for those involved in child trafficking. Other achievements in Maldives include the passage of the Prevention of Domestic Violence Bill and the creation of the Family Protection Authority.

66. Regarding strengthened monitoring and evaluation, the recommendations from a meta-analysis of 52 evaluations of child protection programmes are informing strategic planning to enable programmes to move beyond addressing one or more components of the protective environment, and to shift from vertical approaches to more holistic programmes addressing the main drivers of violence. Two evaluations of the Organization's work in mine action fed into the development of the new United Nations mine action strategy for the period 2013-2018.

67. Equity in child protection programming implies working on the issues that render children vulnerable, identifying strategic points of strength and removing or reducing barriers. The roll-out of the new programme monitoring framework, the Monitoring of Results for Equity System, was an organization-wide priority during 2012. It has already enhanced child protection programming in a number of countries.

68. The Department of Economic and Social Affairs of the Secretariat continued to have a leading role in bringing global attention to the situation of children with disabilities. Its actions included co-chairing the Inter-Agency Support Group for the Convention on the Rights of Persons with Disabilities and organizing and supporting intergovernmental bodies and processes in the United Nations. One example in that regard was the fifth session of the Conference of States Parties to the Convention on the Rights of Persons with Disabilities, which the department supported in September 2012. The session had a focus on children with disabilities and how international norms such as the Convention on the Rights of Persons with Disabilities could be translated into development policies and programmes to make a real change in the lives of many millions of boys and girls all over the world.

D. Combating HIV/AIDS

69. Globally, an estimated 34.0 million people were living with HIV at the end of 2011, approximately 3.3 million of whom were children younger than 15 years old. The scale-up of antiretroviral therapy in low- and middle-income countries has transformed national AIDS responses and generated broad health gains, allowing greater numbers of people, including children, to live with the virus. Since 1995, antiretroviral therapy has saved an estimated 14 million life years in low- and middle-income countries, including an estimated 9 million life years in sub-Saharan Africa.

70. Worldwide, the number of people newly infected with HIV continues to fall, dropping 21 per cent from 2001 to 2011. Still, an estimated 2.5 million people were infected with HIV in 2011, nearly 72 per cent of them in sub-Saharan Africa. Over the past decade, new infections in that region fell by 25 per cent. Despite progress overall, trends in some regions are worrisome. In the Caucasus and Central Asia, for example, the incidence of HIV has more than doubled since 2001. An estimated 27,000 people were newly infected in that region in 2011.

71. About 820,000 women and men aged 15 to 24 were newly infected with HIV in 2011 in low- and middle-income countries; more than 60 per cent were women. Young women are more vulnerable to HIV infection owing to a complex interplay of physiological factors and gender inequality. Because of their low economic and social status in many countries, women and girls are often at a disadvantage when it comes to negotiating safer sex and accessing information and services related to HIV prevention.

72. In terms of eliminating new infections among children, tangible results are now visible. The world has committed to the Global Plan Towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive: 2011-2015. Efforts to reduce the global figures are largely focused in 22 countries that account for the overwhelming majority of newly infected children. In 2011, an estimated 330,000 children acquired HIV infection. That represents a 43 per cent decline since 2003, when 560,000 children became newly infected, and a 24 per cent drop since 2009, when 430,000 children acquired HIV infection.

73. Sub-Saharan Africa remains most severely affected by HIV and AIDS. It is home to more than 90 per cent of the children who acquired HIV infection in 2011, though the number of children newly infected in the region fell by 24 per cent from 2009 to 2011. The number of children acquiring HIV infection also declined significantly in the Caribbean (by 32 per cent) and Oceania (36 per cent), with a more modest decline in Asia (12 per cent). Declines have also been modest in Latin America (24 per cent) and Eastern Europe and Central Asia (13 per cent); however, those three regions had already significantly reduced the numbers of children newly acquiring HIV infection. The Middle East and North Africa Region is the only area that has yet to see a reduction in the number of children newly infected.

74. New infections among adolescents 10 to 19 years old also declined in the decade from 2001 to 2011. The decline among adolescents is not as significant as the decline in new paediatric infections during that period. In addition, the target of reducing HIV prevalence in young people by 25 per cent globally by the end of 2010, agreed to at the special session of the General Asssembly on HIV/AIDS in 2001, was missed. By the end of 2011, an estimated 2.1 million adolescents aged 10 to 19 were living with HIV. Close to 90 per cent of them, or 1.8 million, were in sub-Saharan Africa.

75. During 2012, more than 57 per cent of pregnant women living with HIV received antiretroviral treatment to prevent mother-to-child transmission, and 28 per cent of children up to age 14 living with HIV received life-saving treatment. Yet more work must be done to close the gap with adult treatment, which stands at 54 per cent coverage in the same year, and to retain HIV-positive pregnant women in maternal and child health services. Ensuring treatment access for mothers living with HIV is critical for child health. Studies indicate that children whose mothers die also have an increased risk of death, regardless of the child's HIV status. Studies in adolescents have also shown that becoming an orphan increases vulnerability in children, placing them at higher risk of HIV infection. Yet the percentage of treatment-eligible pregnant women living with HIV who received antiretroviral therapy for their own health in 2011 was only 30 per cent, considerably lower than the estimated coverage for all adults eligible for therapy, which is 54 per cent.

76. International guidelines recommend that all children younger than 5 years who become infected initiate antiretroviral therapy immediately upon diagnosis. Older children follow different guidelines, initiating treatment based on their CD4 levels. In 2011, only 28 per cent of children up to age 14 who were eligible for treatment received the life-saving medicines, compared with 54 per cent reported coverage for adults in need in the same year. The disparity in treatment for adults versus children is a critical gap that UNICEF is addressing through its campaign "Unite for Children, Unite Against AIDS".

77. A basic understanding of HIV and how it spreads is fundamental to behaviour changes that promote safer sex. Yet levels of such knowledge among young people are appallingly low, especially in the worst-affected region. In sub-Saharan Africa, only 28 per cent of young women and 37 per cent of young men have a comprehensive and correct knowledge of HIV. That represents an increase of only 6 percentage points and 5 percentage points, respectively, in almost a decade. Recent surveys in countries with generalized epidemics show that less than 50 per cent of young women and men in most of those countries have a basic understanding of HIV. That falls far short of the 95 per cent target agreed to in 2001 at the special session of the General Assembly on HIV/AIDS.

78. The number of children who have lost one or both parents to AIDS remains staggeringly high. In 2011, the global tally rose to 17.3 million, and almost all those children (15.3 million) live in sub-Saharan Africa. Over the past five years, measures to mitigate the impact of AIDS on households, communities and children have been expanded by national programmes and global partners. Those investments have led to significant advances in social and health outcomes among children, including near parity in school attendance of orphans and non-orphans aged 10 to 14 years.

79. Significant scientific advances, enhanced country capacities, new cost efficiencies and the development of innovative technologies and approaches have dramatically altered the global HIV landscape. The global community has now accumulated the right combination of knowledge, experience and technology to achieve an AIDS-free generation. At this moment of increased clarity regarding what to do and how to do it, a key challenge and constraint is sustaining the political will and the financial resources to get the job done. To accelerate gains and seize new opportunities generated by scientific research, it is essential to recognize the shared responsibility for the response. International donors, emerging economies, affected countries and additional stakeholders must all actively contribute, in accordance with their respective capacities.

IV. Ways forward

80. The UNICEF strategic plan for the period 2014-2017 as well as the strategic plans of UNFPA, the United Nations Development Programme, UN-Women and WFP are consistent with and guided by the quadrennial comprehensive policy review, which establishes the main parameters of development activities in the United Nations system agreed to by member governments.

81. The rights of children will be central to the forthcoming design of the post-2015 agenda, which focuses on sustainable development, including the eradication of poverty in all its forms. A post-2015 world fit for children will be one

in which all children, in all societies, grow up healthy, well-nourished and educated and are fully protected from environmental risks and hazards as well as from violence, abuse and exploitation. Children will be major stakeholders in and contributors to a sustainable world as well as its future custodians. Indicators of their survival, protection and development will be critical to the success of the post-2015 agenda.